

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09484

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:
204 Cabnet St.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Kennedysville P.O. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Blair Hill
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Carrie Carter

3. (b) Social Security Number

4. Sex Female 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife (Lab) Norma Carter
 6.(c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) June 1 1875
 8. AGE: Years 73 Months 3 Days 8 If less than one day — hrs. — min.

9. Birthplace Chesapeake Kent Co. Ind.
 (Town, county, and state)
 10. Usual occupation housewife
 11. Industry or business home
 FATHER 12. Name unknown
 13. Birthplace unknown
 MOTHER 14. Maiden name Mary Lyman
 15. Birthplace Galena Kent Co. Ind.

16. Informant Mrs. Chris Johnson
 Address Kennedysville #1, Kent Co. Ind.
 17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 11 1948
 (month) (day) (year)
 Cemetery or crematory Blair Hill
 Location near Galena Kent Co. Ind.
 18. Funeral director Martin V. Williams
 Address Chesapeake Maryland
 19. Sept. 10 1948 Clara S. Barnes
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1948 at 3:15 A.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to Sept 9 1948
 and that I last saw her alive on Sept 8 1948

Immediate cause of death Paralysis 3rd
Stroke of blood
 Due to —
 Due to Hardening arteries
 Other conditions Phlebotomy
 (Include pregnancy within 3 months of death)

DURATION

60 days
1 day

Major findings of operations — Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE L. P. Abrell M. D. or other —
 Address Still Pond Date signed 9/9/48

RECEIVED
SEP 13 1948
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Bethesda
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 days
 Hospital, institution, or street address where death occurred:
Waters P.D. #1
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Water P.D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Bethesda
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Peggy Louise Chamber

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

Infant

7. Birth date of deceased (mo., day, yr.)

Aug. 22, 1948

6. (c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
0	0	13	hrs. min.

9. Birthplace

Bethesda Kent Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Ernest Whyte

13. Birthplace

Bethesda Md.

MOTHER

14. Maiden name

Julia Chamber

15. Birthplace

Still Pond Kent Co. Md.

16. Informant

Mrs. Julia Chamber

Address

Bethesda Kent Co. Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

Sept. 4, 1948
(month) (day) (year)

Cemetery or crematory

Still Pond

Location

Still Pond, Kent Co. Md.

18. Funeral director

Warris V. Williams

Address

Bethesda Maryland

19.

(Date rec'd by registrar)

Sept. 4, 1948Clara L. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

September 3, 1948, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Bed rest. attend 19and that I last saw him alive on Sept. 3, 1948 19Immediate cause of death Mal. reduction DURATIONImmediateDue to Mal. reductionDue to Deputy Medical DirectorOther conditions Placental

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Clara L. Barnes M. D. or otherAddress Bethesda Date signed Sept. 3/48

MARGIN RESERVED FOR BINDING

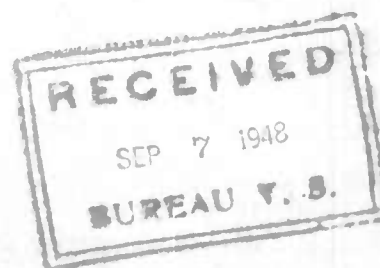
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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09485

158



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09486

Reg. Dist. No. 203

1. PLACE OF DEATH:

County... Kent
 City or town... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... life
 Hospital, institution, or street address where death occurred:
 Hawthorne Road
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Kent
 City or town... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Joseph Lemuel Crouch

3. (b) Social Security Number

no

4. Sex... male
 5. Color or race... white
 6.(a) Single, married, widowed, or divorced... Married
 6.(b) Name of husband or wife... Rosa Va. Cecil Crouch
 living
 7. Birth date of deceased (mo., day, yr.)... May 23, 1876
 8. AGE: Years... 72 Months... 3 Days... 14
 If less than one day... hrs. min.

9. Birthplace... Queen Anne Co. Maryland
 (Town, county, and state)
 10. Usual occupation... Farm Work
 11. Industry or business
 12. Name... Richard Crouch
 13. Birthplace... Kent Co. Maryland
 14. Maiden name... Mattie Stauffer
 15. Birthplace... Kent Co. Maryland

16. Informant... Mrs. Jos. Lemuel Crouch (Wife)
 Address... Rock Hall, Maryland
 17. Burial...
 Date thereof... Sept. 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Wesley Chapel Cem.
 Location... Rock Hall, Maryland
 18. Funeral director... J. Willis Wells
 Address... Chestertown, Md.
 19. Date rec'd by registrar... 9/7/48
 Registrar... S. Elwood Burgess

MEDICAL CERTIFICATION

20. DATE OF DEATH... September 7th. 1948 at 5:10 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Sept. 6th. 1948 to Sept. 7, 1948
 and that I last saw him alive on Sept. 6, 1948

Immediate cause of death...
 Acute Myocarditis
 DUE TO...
 Coronary Sclerosis
 Other conditions...
 (Include pregnancy within 3 months of death)

DURATION

17 hrs

Major findings of operations...
 Date of op.
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of ...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury... Injured at work?
 23. SIGNATURE... Frank W. Smith
 M. D. or other...
 Address... Date signed... 9/7/48

RECEIVED

SEP 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Worton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
Worton
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Worton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Purnell O Jones

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Bertie C. Jones
 6.(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) March 30 1886

8. AGE: Years 62 Months 5 Days 30 If less than one day _____ hrs. _____ min.

9. Birthplace Kent Co. Maryland
 (Town, county, and state)

10. Usual occupation Stocker/Mechanics

11. Industry or business at the General Store

12. Name Purnell T. Jones

13. Birthplace Kent Co. Maryland

14. Maiden name Arabelle Mann

15. Birthplace Candor N. J.

16. Informant Mrs. Purnell O. Jones

Address Worton Kent Co. Maryland

17. Burial Date thereof Sept. 2, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Still Pond

Location Still Pond Kent Co. Maryland

18. Funeral director Morris V. Williams

Address Chesapeake Maryland

19. Oct. 2 1948 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1948 at 8:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1948 to Sept 19 1948

and that I last saw him alive on Sept 29 1948

Immediate cause of death malnutrition pernicious anemia

Due to Concussion 1 yr

Due to lung

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____

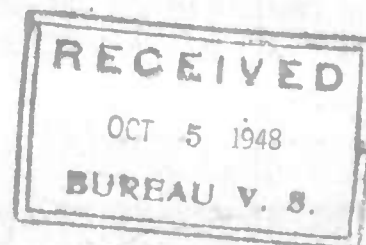
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Drunk Stairs Injured at work? _____

23. SIGNATURE Dr. H. H. Jones M. D. or other _____

Address Worton Kent Date signed Sept 30/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09488

Reg. Dist. No. 202

1. PLACE OF DEATH

County Chesapeake
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Richard J. Maslin
Frank White
Wm. J. Maslin

Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

Male
White
Married

6. (b) Name of husband or wife

Wm. J. Maslin
Sept 24, 1889

7. Birth date of deceased

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

59
Sept 24, 1889
2
hrs.
min.

9. Birthplace

Chesapeake
 (Town, county, and state)

10. Usual occupation

House work

11. Industry or business

Home

MOTHER

Gas. I. Brown

13. Birthplace
Chesapeake

14. Maiden name
Anna Eaton

15. Birthplace
Chesapeake

16. Address
Chesapeake

17. Burial
 (Burial, cremation, or removal, Which?)

Date thereof Sept. 29, 1948
 (month) (day) (year)

Cemetery or crematory

Chesapeake

Location

Chesapeake

18. Funeral director

Wm. V. Withers

Address
Chesapeake

19. Sept. 28, 1948
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

Married
 (If new born infant, give residence of mother)

State Chesapeake
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1948 at 7:10 P.

21. CERTIFY that death occurred on the date above stated, that I attended deceased from Sept 26 1948 to Sept 26 1948

and that I last saw him alive on Sept 26 1948

Immediate cause of death

Heart

Due to Arteriosclerosis

Due to Ischemic

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. H. H. H. H.

Address Chesapeake Date Sept 26/48

Registrar

RECEIVED

SEP 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09489

1700

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
County Montgomery
City or town Beltsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 1/2 yrs
Hospital, institution, or street address where death occurred:
none
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penn. County Phila
City or town Philadelphia
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1815 Alden St.
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME
William Price Masterson Jr

3. (b) Social Security Number
159-01-7245

4. Sex male 5. Color of race white 6. (a) Single, married, widowed, or divorced single
6. (b) Name of husband or wife _____
7. Birth date of deceased (mo., day, year) April 18, 1915 6. (c) If alive, give age _____ years
8. AGE: Years 36 Months 5 Days 11 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept 19, 1948 at 4:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____
and that I saw him _____ alive up to _____
_____ hours before death.
2) doctor _____
Due to _____
Due to _____
Other conditions _____

9. Birthplace Phila Pa
10. Usual occupation truck driver
11. Industry or business sea food
12. Name W Price Masterson Jr
13. Birthplace Phila Pa
14. Maiden name Marjorie
15. Birthplace Phila Pa
16. Address 1815 Alden St. Phila Pa

(Include pregnancy within 3 months of death)
Major findings of operations none
Date of op. _____
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

17. Burial Date thereof Oct 2, 1948
(Burial, cremation, or removal, Which) (month) (day) (year)
Cemetery or crematory Holy Cross Cemetery
Location Philadelphia Pa.
18. Funeral director Edward Fellows
Address Mellington, Md.
19. Sept. 30, 1948 Registrar Edward Fellows
(Date rec'd by registrar)

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Sept 19, 48
Where did injury occur? Beltsville, Md
(City or town) (State)
Injured at home, farm, industry, public place (where?) Public Park way
Means of injury car Injured at work? no
23. Signature W Price Masterson Jr M. D. or other _____
Address _____ Date signed Sept 30, 48

MARGIN RESERVED FOR BINDING

VS AX5 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 4 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09490

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Kennedysville Md
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Kennedysville
 (if outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

William W. Pardee

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 8. (b) Name of husband or wife Laura Alice Pardee
 7. Birth date of deceased (mo., day, yr.) August 23, 1874 8. (c) If alive, give age _____ years
 8. AGE: Years 74 Months 0 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Sussex Co., Delaware
 (Town, county, and state)
 10. Usual occupation Laborer and Farmer
 11. Industry or business Farming
 12. Name Dimogenee Pardee
 13. Birthplace Delaware
 14. Maiden name Kate Lynch
 15. Birthplace Delaware

16. Informant Miss. Elsie Pardee
 Address Kennedysville, Md

17. Burial Date thereof Sept. 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Chester Cem.
 Location Chestertown, Md

18. Funeral director J. Willis Wells
 Address Chestertown, Md.

19. Sept. 23, 1948 Registrar Clara L. Barnes
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1948 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____
 and that he/she was _____
 Cause of death myocarditis DURATION 2 yrs

Due to coronary obstruction Immediate
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. _____
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide no Date of _____
 Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury heart attack Injured at work? _____
 23. Signature Chas L Barnes M. D. or other _____
 Address Chestertown Md Date signed Sept 21/48

RECEIVED

SEP 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **202**

1. PLACE OF DEATH:

County Ches
City or town Ches
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? none
Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

3. (a) FULL NAME

George W. Taylor

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 20, 1861 6. (c) If alive give age years

8. AGE: Years 87 Months — Days 6 If less than one day hrs. min.

9. Birthplace Ches
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business newsclabor

12. Name Alexander Taylor

13. Birthplace England

14. Maiden name Wm. Smith

15. Birthplace Ches

16. Informant Robert Taylor (Sgo)

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Sept. 28, 1948
(month) (day) (year)

Cemetery or crematory Cemetery - Chester

Location Chestertown, Md.

18. Funeral director Edward F. Brown

Address Ches

19. Sept 27, 1948 Clara S. Barnes
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If newborn infants give residence of mother)
State Maryland County Ches
City or town Ches
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26, 1948 19 48 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26, 1948 to Sept 26, 1948 and that I last saw him Sept 26, 1948 at Ches

Immediate cause of death Heart

Due to Heart

Due to Heart

Other conditions Heart

(Include pregnancy within 3 months of death)

Major findings of operations Heart

Date of op. —

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept 26, 1948

Where did it occur? Ches (City or town) Ches (State) Md.

Injured at home, farm, industry, public place (where?) Ches

Means of injury Heart Injured at work? no

23. SIGNATURE Ches M. D. or other Ches
Address Ches Date signed Sept 27, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

